

**DEATH CERTIFIER  
(County Attorney,  
Coroner) MANUAL FOR  
THE NEBRASKA  
ELECTRONIC DEATH  
REGISTRATION  
SYSTEM**

**July 3, 2016**

Once you are set up in the system, you will receive an email from the DHHS help desk with your User ID, a temporary password and a link to the password station with instructions.

The password station will be used to change passwords, unlock accounts, and to reset passwords if they are forgotten. Passwords must be at least 8 characters in length and include at least three of the following criteria:

- Upper case letter
- Lower case letter
- Number
- Symbol

You will receive an email notification beginning 15 days in advance when it is about to expire.

The web site link is: <https://passmanext-dhhs.ne.gov/AIMS/PS/>

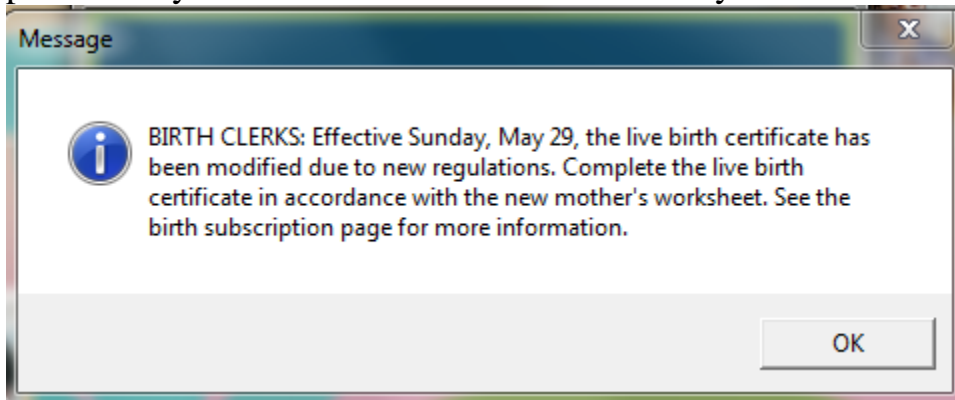
The screenshot displays the DHHS Password Station Client interface. At the top, there is a navigation bar with the DHHS logo. Below this, the 'Primary Account' section is visible, featuring a 'User ID' label and an adjacent text input field. Underneath the input field are two buttons: 'I Disagree' and 'I Agree'. Below these buttons is a section titled 'Privacy Policy & Terms of Use' which contains a paragraph of text. At the bottom of the page, there is a footer with the copyright notice 'Copyright © 1995-2015 Avatier Corporation.' and the Avatier logo.

You will also receive installation instructions for the Nebraska Vital Records Electronic Registration System from Vital Records staff. Once the installation instructions have been completed and you have set up your password via the password station, you will be ready to log into the system.

The production web site link is:

<https://vitalrecords-dhhs.ne.gov/VrWebprod/Login.aspx>

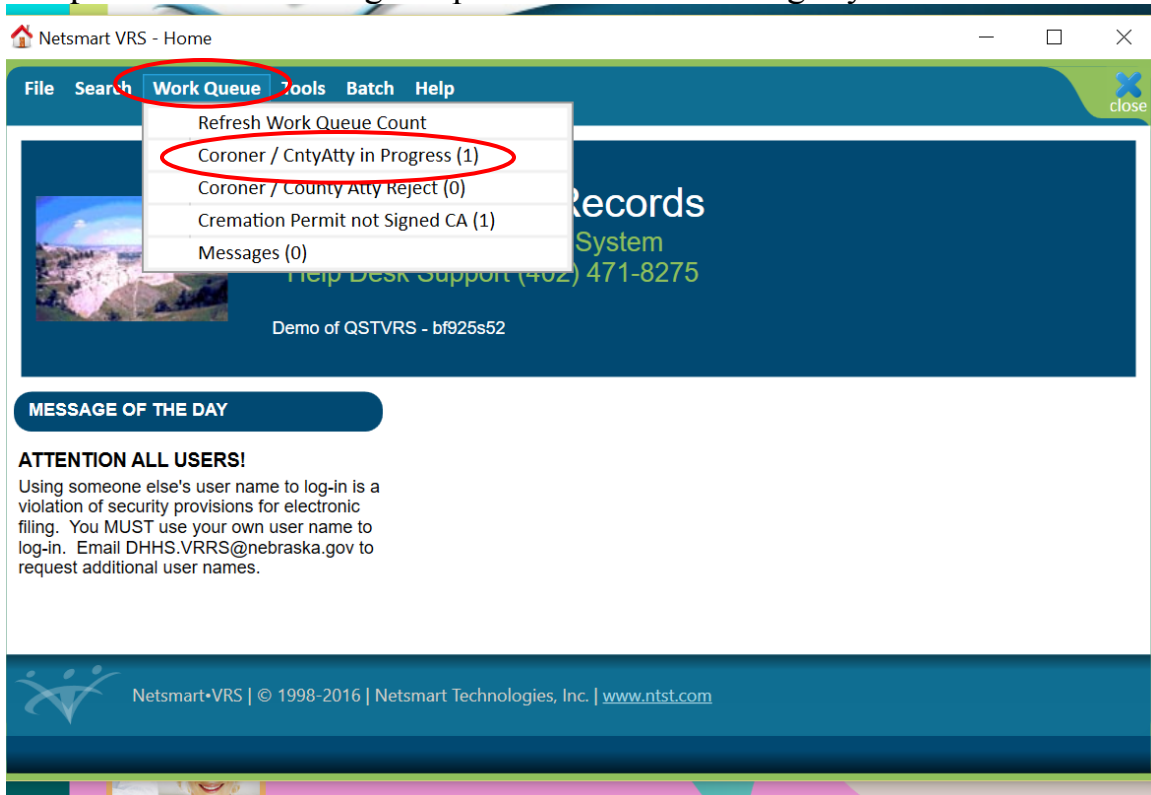
When logging in, you may see a brief broadcast message. Please read if it pertains to you. Select Ok to continue into the system.



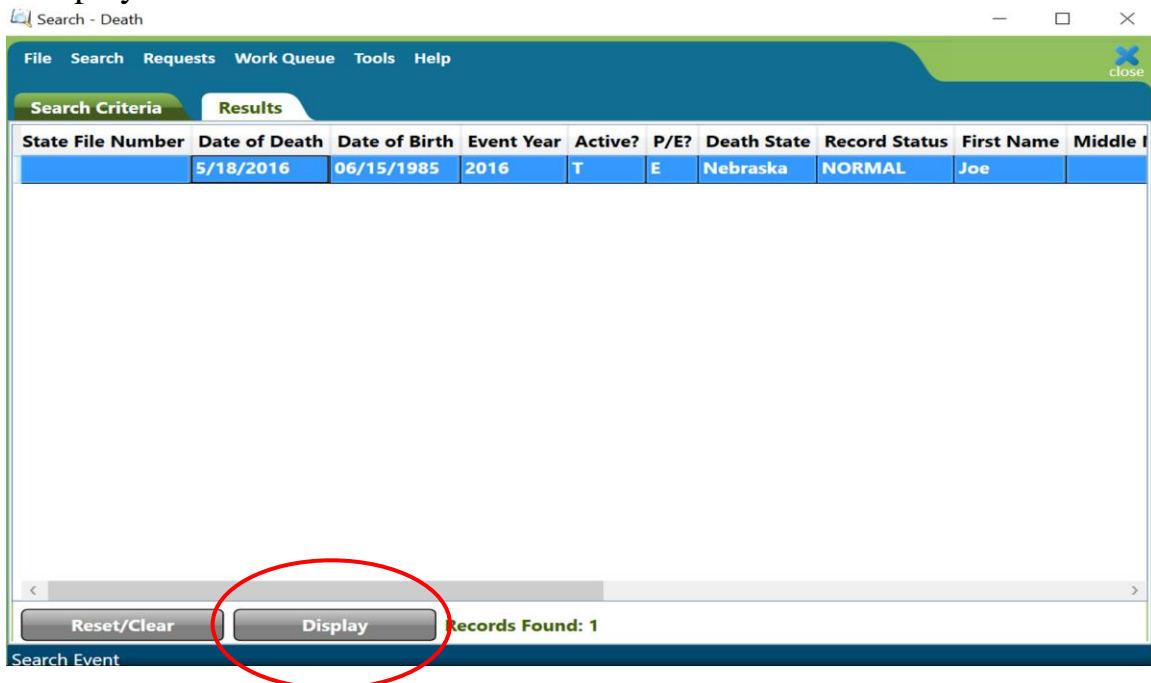
If you have multiple locations, highlight by clicking on the location that contains the record that you need to complete. Then click on the “Select” button. Otherwise, when logged in, you should see following picture with the Sandhill Cranes. The “Training” system will have a different picture:



When you have records to complete, select “Work Queue” and then “Coroner/CntyAtty in Progress” and that will display the list of records to complete. The following is a picture of the “Training” system.



Select by clicking on the record that you need to complete and select “Display”.



The system security is by user location. Therefore, you may see records in your work queue that are assigned to other certifiers in your office. This allows anyone set up to use the system at your location to have access to the records. If you are not available to complete a record, this allows another certifier at your location the ability to complete the record for you. We also have a user role for other employees located in your office. Depending on how your office is set up, they can enter part or all the information required. Their role can do everything the certifier role can do except sign records.

When you have a record to complete, you or your office staff should receive notice depending on your preferred method of contact. If by email, email notifications are automatically generated when the funeral home assigns the record to the certifier and saves the record. Up to two email addresses can be notified. The email address(s) does not need to be the certifier's. Use whatever works best for how your office functions. If the preferred method is by fax, the funeral home will fax the notification through the system. If you are completing death records by fax attestation, certifiers will not need to sign onto the system to complete death records. Someone on your staff will do the entry into the system and the certifier will be attesting by fax. This method works well if you seldom have a death record to complete. If you are interested in this method, please contact the Vital Records office for more information.

When the record is “Displayed”, the following screen will appear:

The screenshot shows a web-based form titled "Cause of Death" within a software application. The form is divided into several sections with tabs at the top: Decedent, Dec History, Disposition, Cause of Death (active), Certifier, Demographics, Complete, Flags, and Fax. The "Cause of Death" section includes fields for Decedent First Name and Decedent Last Name. Below this is a "Pending Investigation" section. The main part of the form is titled "Cause of Death (Part 1) Enter the chain of events that directly caused death." It contains four lines for listing conditions leading to the cause of death, each with a dropdown menu for "Approx. Interval - Onset to Death". Below this is a section for "Cause of Death (Part 2) Other significant conditions contributing to death." followed by a "Cause of Death (cont)" section. This section includes a dropdown for "Female Pregnant", a dropdown for "Manner of Death", a checkbox for "Was Medical Examiner or Coroner Contacted?", and a checkbox for "Autopsy?". There is also a checkbox for "Were Autopsy Findings Available to Complete Cause of Death?". The "Injury" section includes a dropdown for "Transportation Injury?", a dropdown for "If Transportation Injury", a dropdown for "Date of Injury Known?", a dropdown for "Date of Injury", a dropdown for "Time of Injury", a dropdown for "am/pm", a dropdown for "Place of Injury", a checkbox for "Injury at work?", and a text area for "Describe how Injury occurred". The bottom of the form shows "Editing an existing event." and "0 Alerts". The Windows taskbar is visible at the bottom of the screen.

The cursor will be at the first field that you need to enter (goldish-yellow). If you need to see information that the funeral home entered, you can select the other tabs such as the “Decedent” tab. You will be able to view but not change this information. If you think the date of death entered by the funeral home is incorrect, please contact the funeral home. The funeral home’s contact information is under the “Disposition” tab.

If you cannot determine the cause or manner of death because it is under investigation or waiting toxicology results, check the “Pending Investigation” box. This should be used so the record can be filed within the statutory time frame without entering a cause of death. The record will be queried back to you for completion once the investigation has been completed or toxicology results are available.

Enter the immediate cause of death in Part 1, line a. **Do not** enter terminal events such as Cardiac Arrest or Respiratory Arrest without showing the etiology on the next lines.

Use your **Tab** key to navigate through the system. This will help make sure that all required fields have been completed.

The underlying cause of death or what triggered the chain of events that led to death should be entered last. In the example below, Septic Shock should not be entered without showing the etiology. Depending on what is entered, you may get various pop-ups. This helps with getting the cause of death completed correctly. This reduces the number of records that may be rejected or queried back to you. In the example below, Override the edit and provide additional information in the lower lines. The Approximate Interval from Onset to Death on line “a” is required. If this interval is not known, enter Unknown.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition Cause of Death Certifier Demographics Complete Flags Fax

Decedent First Name: Joe Decedent Last Name: Bloy

Pending Investigation: ☐

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death): Septic Shock

Approx. Interval - Onset to Death:

Let Conditions lead to the cause on line a.

Data Entry Exception

The condition you reported (Septic Shock) usually develops as a complication of another more specific condition. Was there a specific underlying condition in this case? If so, please report it in the lower boxes in Part I, and override this edit.

Field Name: IMMED\_CAUSE\_DEATH

Field Label: a. Immediate Cause (Final disease or condition resulting in Death)

Tab Section: Cause of Death

Paragraph: Cause of Death (Part 1) Enter the chain of events that directly caused d

Edit Number: 10

Query Location:

Re-Key Override Query Field Skip

Bypass Variable Values

Queried and Verified - 1

Queried - Not Verified - 2

Review Needed - 3

Query Needed - 4

Missing Variable Values

Query Location:

If something is misspelled, a red underline will appear under the word.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition **Cause of Death** Certifier Demographics Complete Flags Fax

Decedent First Name Decedent Last Name  
Joe Bloy

Pending Investigation ☐

**Cause of Death (Part 1) Enter the chain of events that directly caused death.**

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death  
Septic Shock Hours

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of Approx. Interval - Onset to Death  
Infected Decubitus Ulcers

c. Due to or as a Consequence of Approx. Interval - Onset to Death  
Complications Of Cerebral Infarction

d. Due to or as a Consequence of Approx. Interval - Onset to Death  
Cerebral Artery Atherosclerosis

**Cause of Death (Part 2)**

Other significant conditions contributing to death.

Editing an existing event. 0 Alerts:

Right click on the word and if the spell check dictionary has an alternative, a list will appear. If available, just select the correct spelling.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition **Cause of Death** Certifier Demographics Complete Flags Fax

Decedent First Name Decedent Last Name  
Joe Bloy

Pending Investigation ☐

**Cause of Death (Part 1) Enter the chain of events that directly caused death.**

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death  
Septic Shock Hours

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of Approx. Interval - Onset to Death  
Infected Decubitus Ulcers

c. Due to or as a Consequence of Approx. Interval - Onset to Death  
Complications Of Cerebral Infarction

d. Due to or as a Consequence of Approx. Interval - Onset to Death  
Cerebral Artery Atherosclerosis

**Cause of Death (Part 2)**

Other significant conditions contributing to death.

Editing an existing event. 0 Alerts:

The following is an example of a properly completed Cause of Death section.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition **Cause of Death** Certifier Demographics Complete Flags Fax

Decedent First Name: Joe Decedent Last Name: Bloy

Pending Investigation ☐

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) **Septic Shock** Approx. Interval - Onset to Death: Hours

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of **Infected Decubitus Ulcers** Approx. Interval - Onset to Death:

c. Due to or as a Consequence of **Complications Of Cerebral Infarction** Approx. Interval - Onset to Death:

d. Due to or as a Consequence of **Cerebral Artery Atherosclerosis** Approx. Interval - Onset to Death:

Cause of Death (Part 2) Other significant conditions contributing to death.

**Insulin-dependent Diabetes Mellitus**

Editing an existing event. 0 Alerts:

Please do not use abbreviations. Some abbreviations may have multiple meanings. If you happen to abbreviate, the system will try and replace the abbreviation.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition **Cause of Death** Cer

Decedent First Name: Joe

Pending Investigation

Cause of Death (Part 1) a. Immediate Cause **COPD**

List Conditions

**Questionable Cause**

Please do not use abbreviations to report cause of death.  
We think that [COPD] may be meant as an abbreviation for [Chronic Obstructive Pulmonary Disease].  
Click OK to accept our assumption and replace the entire field, or CANCEL to revise the text yourself.

OK Cancel



In the example above, if OK is selected, the abbreviation will be replaced.

✓ Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools

Decedent Dec History Disposition Cause of

**Decedent First Name** Joe **Decedent Last Name** Bloy

**Pending Investigation** ☐

**Cause of Death (Part 1) Enter the chain of events that directly**

**a. Immediate Cause (Final disease or condition resulting in D**

Chronic Obstructive Pulmonary Disease

If the decedent was a male as is the case in this example, the pregnancy question will be protected and you won't need to answer it. You also won't need to answer if a female and outside a certain age range. If the field is not protected, then it will need to be answered.

**Cause of Death (Part 2)**

**Other significant conditions contributing to death.**

Insulin-dependent Diabetes Mellitus

**Cause of Death (cont)**

**Female Pregnant** 8. NOT APPLICABLE. **Manner of Death**

**Was Medical Examiner or Coroner Contacted?** ☐ **Autopsy?** ☐ **Were Autopsy Findings Available to Complete Cause of Death?** ☐

**Injury**

**Transportation Injury?** ☐ **If Transportation Injury**

**Date of Injury Known?** ☐ **Date of Injury**  **Time of Injury**  **am/pm**  **Place of Injury**  **Injury at work?** ☐

**Describe how Injury occurred**

If you enter anything other than Natural Causes in the Manner of Death, you will be required to enter the injury questions. If the Manner of Death is Natural Causes, the Injury section will be protected and automatically skipped. If you selected the Pending Investigation check box above, then make sure to select “Pending Investigation” for the Manner of Death.

The screenshot shows a digital form for a death certificate. The 'Cause of Death (Part 2)' section has a text field for 'Other significant conditions contributing to death' with the entry 'Insulin-dependent Diabetes Mellitus'. The 'Cause of Death (cont)' section includes a dropdown for 'Female Pregnant' set to '8. NOT APPLICABLE.' and checkboxes for 'Was Medical Examiner or Coroner Contacted?', 'Autopsy?', and 'Were Autopsy Findings' (all unchecked). The 'Manner of Death' dropdown is open, showing options: 'NATURAL CAUSES' (selected), 'ACCIDENT', 'COULD NOT BE DETERMINED', 'HOMICIDE', 'NATURAL CAUSES' (highlighted in red), 'NATURAL WITH INJURY', 'PENDING INVESTIGATION', and 'SUICIDE'. The 'Injury' section has fields for 'Transportation Injury?' (unchecked), 'Date of Injury Known?' (unchecked), 'Date of Injury' (//), 'Time of Injury' (.), 'am/pm' (.), 'Place of Injury' (.), and 'Injury at work?' (unchecked). A text field 'Describe how Injury occurred' is at the bottom.

For Non-Natural deaths, if drug toxicity or poisoning was involved, please specify as much detail as possible. Please include the drug(s) involved and if they were prescribed. This includes Intoxication by drug. If not included in the cause of death section, include the details in the “Describe how injury occurred” field. For Natural cause deaths, with drug usage or addiction indicated, please specify the drug(s).

Indications of Non-Natural deaths would be any Fractures, injuries, traumas, wounds (please indicate the site), Asphyxiation, Aspiration, Exhaustion, Exposure, etc.

A common error observed is that Natural Causes is selected instead of Accident for the Manner of Death when a Hip Fracture is involved. This will typically result in the record being rejected back to you for correction. The following is an example of a properly completed death certificate involving a hip fracture:

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition Cause of Death Certifier Demographics Complete Flags Fax

Pending Investigation ☐

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) **Pneumonia** Approx. Interval - Onset to Death 2 Days

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of **Left Hip Fracture** Approx. Interval - Onset to Death

c. Due to or as a Consequence of **Fall At Nursing Home** Approx. Interval - Onset to Death

d. Due to or as a Consequence of Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death. **Dementia, Hypertension**

Cause of Death (cont)

Female Pregnant 8. NOT APPLICABLE Manner of Death ACCIDENT Was Medical Examiner or Coroner Contacted? N Autopsy? N

Were Autopsy Findings Available to Complete Cause of Death? X

Injury

Transportation Injury? If Transportation Injury N

Date of Injury Known? Y Date of Injury 02/28/2016 Time of Injury 02:15 am/pm PM Place of Injury Nursing Home Injury at work? N

Describe how Injury occurred

Fell when getting out of bed.

The following is an example of a properly filled out death certificate involving a gunshot. Please note, specify the type of gun used if known.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition Cause of Death Certifier Demographics Complete Flags Fax

Pending Investigation ☐

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) **Penetration Brain Injury** Approx. Interval - Onset to Death 2 Hours

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of **Gunshot Wound To The Head** Approx. Interval - Onset to Death 2 Hours

c. Due to or as a Consequence of Approx. Interval - Onset to Death

d. Due to or as a Consequence of Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death.

Cause of Death (cont)

Female Pregnant 8. NOT APPLICABLE Manner of Death ACCIDENT Was Medical Examiner or Coroner Contacted? Y Autopsy? Y

Were Autopsy Findings Available to Complete Cause of Death? Y

Injury

Transportation Injury? If Transportation Injury N

Date of Injury Known? Y Date of Injury 07/02/2016 Time of Injury 04:58 am/pm PM Place of Injury Home Injury at work? N

Describe how Injury occurred

Decedent cleaning handgun had contact wound to the right temple.

Address of Injury 1234 Avenue A State Nebraska City Scottsbluff

Event data was saved. 0 Alerts:

Enter Y or N for the Medical Examiner or Coroner Contacted field. Enter Y or N for the Autopsy question. If Y, then the next question will also need to be answered (Were Autopsy Findings Available to Complete Cause of Death).

|  |                          |   |                                   |                      |                                     |
|--|--------------------------|---|-----------------------------------|----------------------|-------------------------------------|
| <b>Cause of Death (cont)</b>               |                          |   |                                   |                      |                                     |
| Female Pregnant<br>8. NOT APPLICABLE.      |                          |   | Manner of Death<br>NATURAL CAUSES |                      |                                     |
| Was Medical Examiner or Coroner Contacted? | Autopsy?                 | Were Autopsy Findings Available to Complete Cause of Death? |                                   |                      |                                     |
| <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>                                    |                                   |                      |                                     |
| <b>Injury</b>                              |                          |   |                                   |                      |                                     |
| Transportation Injury?                     | If Transportation Injury |   |                                   |                      |                                     |
| <input type="checkbox"/>                   | <input type="text"/>     |   |                                   |                      |                                     |
| Date of Injury Known?                      | Date of Injury           | Time of Injury  | am/pm                             | Place of Injury      | Injury at work?                     |
| <input type="checkbox"/>                   | <input type="text"/>     | <input type="text"/>  | <input type="text"/>              | <input type="text"/> | <input checked="" type="checkbox"/> |
| Describe how Injury occurred               |                          |   |                                   |                      |                                     |
| <input type="text"/>                       |                          |   |                                   |                      |                                     |

The time of death is not in military time so enter the time of death and then indicate am or pm. If the time of death was 12:00, then enter midnight or noon. If the death was unattended and a time of death could not be determined or is unknown, enter 9999 for the time of death and Unknown for the am/pm field. If you do not know the exact time of death but know the approximate time, you can enter in the approximate time of death. Just make sure to select the Approximate check box.

|                                |   |  |                 |                 |       |
|--------------------------------|---|--|-----------------|-----------------|-------|
| <b>Coroner/County Attorney</b> |   |  |                 |                 |       |
| Time of Death                  | am/pm   | <input checked="" type="checkbox"/> Approximate? | Pronounced Dead | Time Pronounced | am/pm |
| 06:58                          | PM  |  | 07/03/2016      | 07:02           | PM    |
| <b>Death</b>                   |   |  |                 |                 |       |
| Tobacco Contribute?            | Has Organ or Tissue Donation been considered? | Was Consent Granted?                             |                 |                 |       |
| N                              | <input type="checkbox"/>                      | A  |                 |                 |       |

For the “Tobacco Contribute” question, enter Y for Yes, N for No, P for Probable, or U for Unknown. For the “Has Organ or Tissue Donation been considered” question, enter N or Y. If Y, then the “Was Consent Granted” question will also need to be completed. The Certifier section will remain empty until the record is signed. This information will be automatically filled in from information we have in a table.

When completing a record, if the decedent’s method of disposition is cremation, the “Signed OK to Cremate” box will be available. By selecting “Y”, the funeral home can print of the cremation permit with your electronic signature. For deaths that occur in Douglas or Lancaster counties, the county health department also has permission to approve cremation permits.

| County Attorney or Coroner                |               |                         |       |
|---|---------------|-------------------------|-------|
| Signed OK to Cremate                      | Date Signed   | OK to Cremate Signed by | Title |
| <input type="checkbox"/>                  | //            |                         |       |
| Medical Complete or Record Pending (Y/N)? | Complete Date | Completed by            |       |
| N   | //            |                         |       |
| Coroner/Attorney Sign?                    | Date Signed   | Signed by               |       |
| <input type="checkbox"/>                  | //            |                         |       |

Your role security allows you to have access to deaths that occur in your county. For example, if a record is assigned to a physician, you will still have access to the record to approve the cremation permit. The records that require your approval are easily found under your Work Queue by selecting Cremation Permit not Signed CA. The records will remain in your work queue until you either approve the cremation permit or the record has been filed by the State.

| File                     | Search | Requests | Actions | Work Queue    | Linking             | Tools               | Help |
|--------------------------|--------|----------|---------|---------------|---------------------|---------------------|------|
| Decedent                 |        |          |         | Dec History   |                     |                     |      |
| Funeral Home             |        |          |         | Certifier     |                     | Demogra             |      |
| Embalmer Signed (Y/N)?   |        |          |         | Date          |                     |                     |      |
| <input type="checkbox"/> |        |          |         | //            |                     |                     |      |
| Record Complete (Y/N/R)? |        |          |         | Complete Date | Record Completed by | Fun. Home License # |      |
| <input type="checkbox"/> |        |          |         | //            |                     |                     |      |

Refresh Work Queue Count  
 Coroner / CntyAtty in Progress (1)  
 Coroner / County Atty Reject (0)  
 Cremation Permit not Signed CA (6)

When the record is completed, enter Y in the “Medical Complete or Record Pending” question. You are completing and signing the record for the information you currently have so statutory timelines can be met. If it is pending investigation, the record will be filed and queried back to you to obtain complete information when it is known.

If a required field was skipped, the system will let you know. In this case, the Medical Examiner contacted question was skipped.

| County Attorney or Coroner                                    |               |                         |                               |
|---|---------------|-------------------------|-------------------------------|
| Signed OK to Cremate  | Date Signed   | OK to Cremate Signed by | Title                         |
| Y   | 07/03/2016    | Marvel S. Wonder        | Scotts Bluff Deputy County At |
| Medical Complete or Record Pending (Y/N)?                     | Complete Date | Completed by            |                               |
| Y   | //            |                         |                               |
| Coroner/Attorney Sign?  | Date Signed   | Signed by               |                               |
| <input type="checkbox"/>                                      | //            |                         |                               |
| <input type="checkbox"/> Reject to Coroner or County Attorney |               |                         |                               |

Was-medical-examiner-contacted must be answered before record can be marked complete

When selecting OK, the following pop-up will occur. Select Re-Key the field and the system will return to the missed question.

Data Entry Exception

Invalid value

Field Name: D2\_CA\_COMPLETE

Field Label: Medical Complete or Record Pending (Y/N)?

Tab Section: Complete

Paragraph: County Attorney or Coroner

Edit Number: 15

Query Location:

Re-Key

Override

Query Field

Skip

Bypass Variable Values

Queried and Verified - 1

Queried - Not Verified - 2

Review Needed - 3

Query Needed - 4

Missing Variable Values

Query Location

Other significant conditions contributing to death.

Cause of Death (cont)

Female Pregnant

8. NOT APPLICABLE.

Manner of Death

ACCIDENT

Was Medical Examiner or Coroner Contacted?

Autopsy?

Y

Were Autopsy Findings Available to Complete Cause of Death?

Y

County Attorney or Coroner

Signed OK to Cremate

Date Signed

OK to Cremate Signed by

Title

Y

07/03/2016

Marvel S. Wonder

Scotts Bluff Deputy County At

Medical Complete or Record Pending (Y/N)?

Complete Date

Completed by

Y

07/03/2016

Marvel S. Wonder

Coroner/Attorney Sign?

Date Signed

Signed by

Reject to Coroner or County Attorney

Answer the skipped question and then go back to the medical complete question. If field edits were over-ridden, you may need to verify one more time before being able to sign. Otherwise, after entering Y in the Medical Complete or Record Pending field, the cursor will advance to the Coroner/Attorney Sign field.

County Attorney or Coroner

Signed OK to Cremate

Date Signed

OK to Cremate Signed by

Title

Y

07/03/2016

Marvel S. Wonder

Scotts Bluff Deputy County At

Medical Complete or Record Pending (Y/N)?

Complete Date

Completed by

Y

07/03/2016

Marvel S. Wonder

Coroner/Attorney Sign?

Date Signed

Signed by

Reject to Coroner or County Attorney

County

Signed OK to Cremate

Date Signed

OK to Cremate Signed by

Title

Enter a Y and then Save the record by clicking on the Save icon.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition Cause of Death Certifier Demographics Complete Flags Fax

**Funeral Home**

Embalmer Signed (Y/N)? Date Signed Funeral Director / Embalmer Name Embalmer License #

Record Complete (Y/N/R)? Complete Date Record Completed by Fun. Home License #

**Attending Physician**

Physician Sign? Date Signed Signed by

**County Attorney or Coroner**

Signed OK to Cremate Date Signed OK to Cremate Signed by Title

Medical Complete or Record Pending (Y/N)? Complete Date Completed by

Coroner /Attorney Sign? Date Signed Signed by

Reject to Coroner or County Attorney

**County**

Signed OK to Cremate Date Signed OK to Cremate Signed by Title

Registrar Sign? Date Filed by Registrar Registrar Name System Use Only

Event data was saved. 0 Alerts:

An email will automatically be generated to the funeral home letting them know that the certifier has signed the record.

If you want to print a copy for your records, go to Requests → Documents and then either select if you want a condensed version (letter size) or the full version (legal size).

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Documents

D Certifier Worksheet  
D Office Copy Legal Size  
D Office Copy Letter Size  
D Office Copy Statistical Page

Decedent Dec History Certifier Demographics Complete Flags Fax

Funeral Home

Embalmer Signed (Y/N)? Date Signed Name Embalmer License #

Record Complete (Y/N/R)? Complete Date Record Completed by Fun. Home License #

Attending Physician

Medical Complete (Y/N)? Complete Date Completed by

Physician Sign? Date Signed Signed by

Reject to Attending Physician

County Attorney or Coroner

Signed OK to Cremate Date Signed OK to Cremate Signed by Title

Coroner/Attorney Sign? Date Signed Signed by

County

Signed OK to Cremate Date Signed OK to Cremate Signed by Title

Registrar Sign? Date Filed by Registrar Registrar Name System Use Only

Cooper, Stanley S.

If there are questions concerning the record, you will either receive a faxed query or the record will be rejected. If it is queried, an email will be generated indicating the record has been queried and that you should soon be receiving a fax. If it is rejected, an email will be generated indicating the record was rejected. If it is rejected, an electronic note indicating the reason will be attached to the record.

At the bottom of the record, you will notice a Note Present. Sometimes, funeral homes will also attach a note indicating the time of death. Please review notes when they are present.

Female Pregnant

8. NOT APPLICABLE.

Manner of Death

NATURAL CAUSE

Was Medical Examiner or Coroner Contacted? Autopsy? Were Autopsy Findings Available to Coroner?

N N X

Injury

Transportation Injury? If Transportation Injury

Date of Injury Known? Date of Injury Time of Injury am/pm Place of Injury

Describe how Injury occurred

Editing an existing event. NOTE PRESENT



To display the note, double click on the green Note Present. You can also display the note by selecting Actions→Show Notes.

The screenshot shows a software interface for managing death records. The top menu bar includes 'File', 'Search', 'Requests', 'Actions', 'Work Queue', 'Linking', 'Tools', and 'Help'. The 'Actions' menu is open, showing options like 'Number Record (SFN)', 'Document Tracking', 'Activate/Deactivate', 'Review Errors/Queries', 'Scan Image', 'Load Image From File', 'Load PDF/Word Document', 'Display Image/Document', 'Type From Image', and 'Show Notes'. The 'Show Notes' option is highlighted with a red circle. Below the menu, the 'Event Notes' window is open, displaying a table of notes and a form for adding a new note.

| Event Group | Field Name | Modify User ID | Modify User Name | Create Date          | Modify Date          | Is Active?                          | Is N                                |
|-------------|------------|----------------|------------------|----------------------|----------------------|-------------------------------------|-------------------------------------|
| DEATH       | --Record-- | 10907          | mmille2          | 6/4/2016 10:26:35 PM | 6/4/2016 10:27:26 PM | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Field Name: --Record-- ☒ Is note for a record? ☒ Is Active?

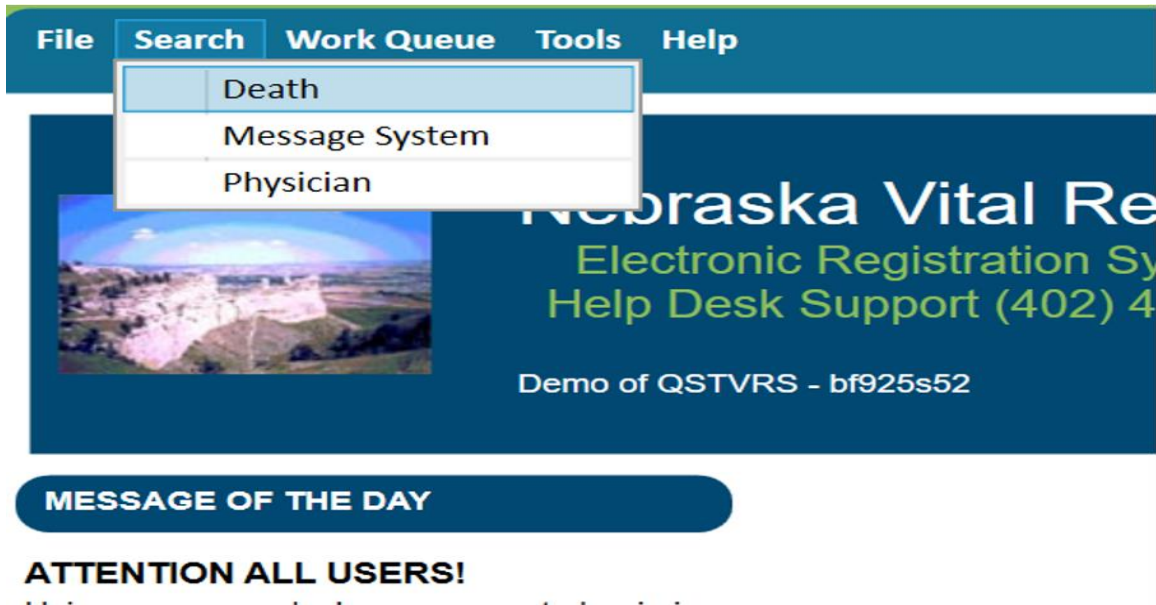
Field Label: (Record Note)

Please specify the site of the cancer.

New Save Cancel Edit Delete Close

cv? If Transportation Injury

If you need to search for a death that has already been completed or the death occurred in your county, select Search→Death. Enter enough information to locate the record and then select Search.



Search - Death

File Search Requests Work Queue Tools Help


Search Criteria Results

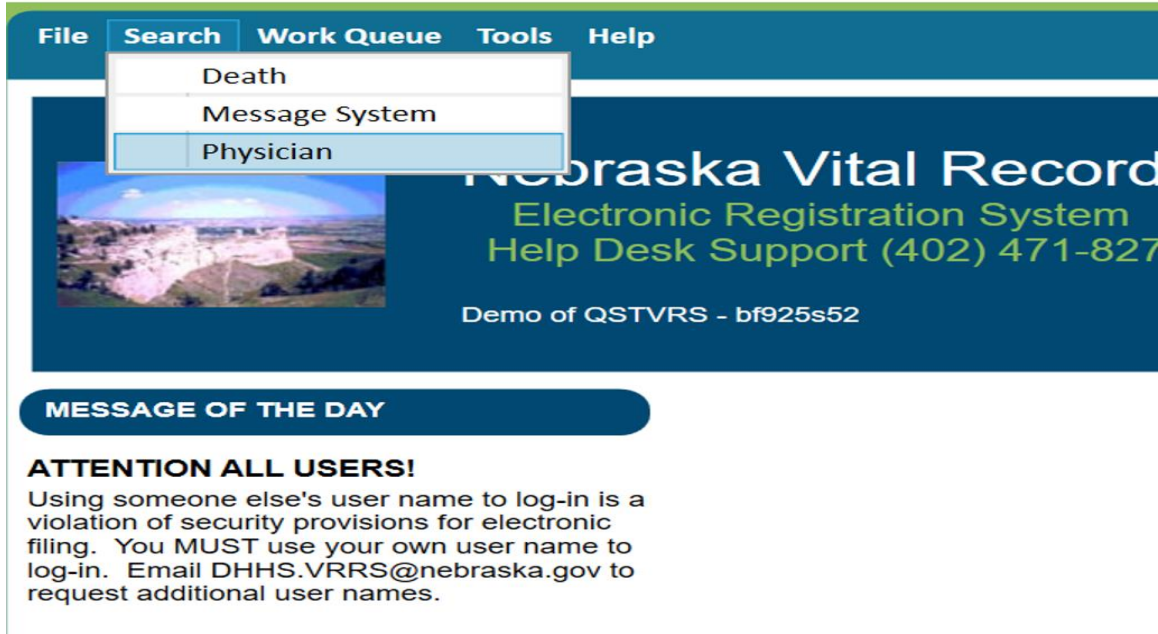
|                        |                   |                 |          |
|------------------------|-------------------|-----------------|----------|
| State File Number      | Date of Death     | Date of Birth   | Year     |
|                        |                   |                 | 2016     |
| P/E?                   | Death State       |                 |          |
|                        |                   |                 |          |
| Record Status          |                   |                 |          |
|                        |                   |                 |          |
| First Name             | Middle Name       | Last Name       | Suffix   |
| Joe                    |                   |                 |          |
| Soundex Code           |                   |                 |          |
|                        |                   |                 |          |
| Certifier Assigned     |                   |                 | Dr Sign? |
|                        |                   |                 |          |
| Coroner/Attorney Sign? | Certifier Type    |                 |          |
|                        |                   |                 |          |
| Alias First Name       | Alias Middle Name | Alias Last Name |          |
|                        |                   |                 |          |
| Funeral Home           |                   |                 |          |

Reset/Clear Search

Search Event

If your contact information changes such as your phone, fax or email address, you can change this yourself or staff that has access to the system can also change the information for you. Select Search→Physician.

 Netsmart VRS - Home



File Search Work Queue Tools Help

Death  
Message System  
Physician

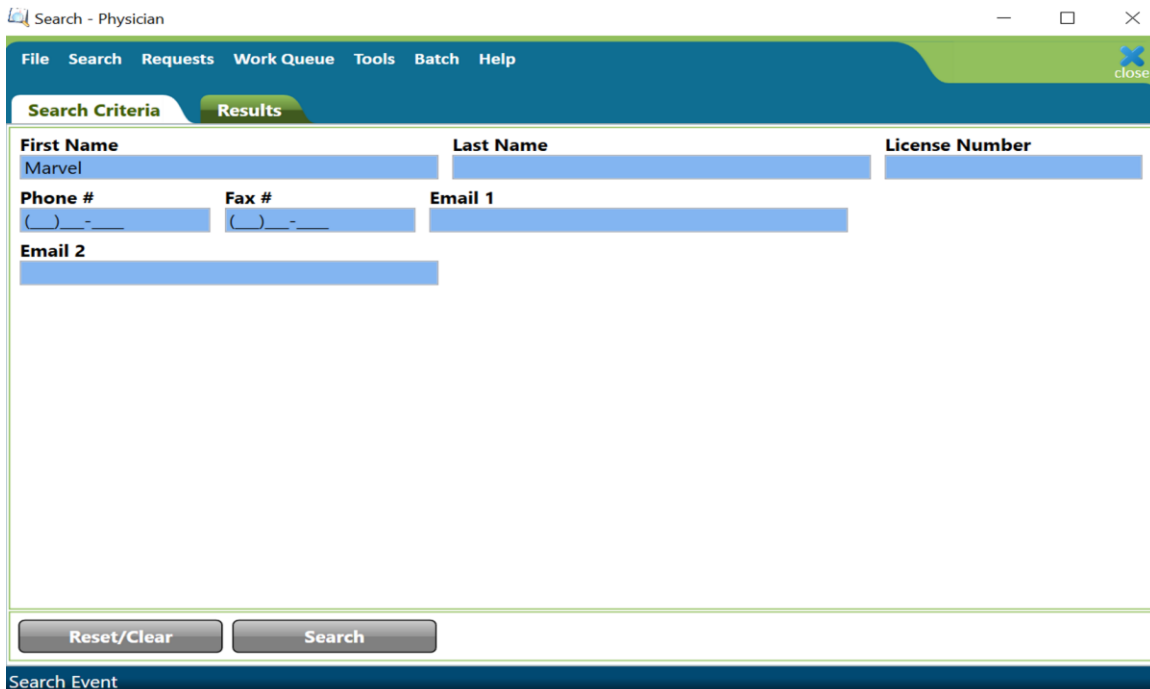
Nebraska Vital Records  
Electronic Registration System  
Help Desk Support (402) 471-827

Demo of QSTVRS - bf925s52

**MESSAGE OF THE DAY**

**ATTENTION ALL USERS!**  
Using someone else's user name to log-in is a violation of security provisions for electronic filing. You MUST use your own user name to log-in. Email DHHS.VRRS@nebraska.gov to request additional user names.

Enter enough information to find the system user(s) that need updated and then select Search. Then select and display the record that needs changed.



Search - Physician

File Search Requests Work Queue Tools Batch Help

close

Search Criteria Results

First Name Last Name License Number  
Marvel

Phone # Fax # Email 1  
( ) - - ( ) - -

Email 2

Reset/Clear Search

Search Event

Search - Physician

File Search Requests Work Queue Tools Batch Help

Search Criteria Results

| First Name | Last Name | License Number | Phone #    | Fax #      | Email 1                  | Email 2 | PHYSICIANID |
|------------|-----------|----------------|------------|------------|--------------------------|---------|-------------|
| Marvel     | Wonder    |                | 4024321234 | 4029876543 | mark.miller@nebraska.gov |         | 2057        |

Reset/Clear Display Records Found: 1

Search Event

Update the appropriate fields and select Save.

Physician (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Physician Flags

Physician

First Name Last Name  
Marvel Wonder

License Number

Certifier Type  
County Attorney

Contact

Preferred Contact Phone Extension Fax Number  
Email (402)432-1234 (402)987-6543

Email Address Second Email Address  
mark.miller@nebraska.gov

Address

Location  
Scotts Bluff

Editing an existing event. 0 Alerts:

save close

Under Help, you will find other useful information including the “Handbook for Coroners” created by the National Center for Health Statistics. It has further detail on how to properly fill out a death certificate and the importance of accurate and complete cause of death information. Also, go to the Subscription Page link and select Death. Please subscribe to this page. This is how we will inform you of new information that pertains to the death certificate or death system. The Vital Statistics Reports has a section on death statistics. Please review if you would like to see how the cause of death data are published.



If you have any questions, please do not hesitate to call.

Questions on **how to** enter a record or system questions:

Vital Records Help Desk Phone: (402) 471-8275

Questions on **what to** put in a field:

Debra Firman, Nosologist (402) 471-0912

Christine Noren, Nosologist (402) 471-0912